SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO: Planning and Zoning Depart. PO Box 58 Washburn, WI 54891 (715) 373-6138 **Bayfield County**

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN
Date Supplications of the County of

07 2016

SEP

ENTERED Permit #: Refund: Date: Amount Paid: 16-0319 -16 9-13-16

INSTRUCTIONS: No permits will be issued until all fees are paid.

Checks are made payable to: Bayfield County Zoning Department.

DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT. Bayfield Co. Zoning Dept.

	EARLING TO ORTAIN A BERMIT OF STARTING CONSTRUCTION WITHOUT A DEBMIT WHILE IN DESCRIPTION OF THE START OF THE			***************************************			(· · · · ·)	- C		man and man
-	_	×	_				plain)	Other: (explain)	_ 	
		×					Conditional Use: (explain)	Condition		
	_	×					Special Use: (explain)	Special Us		
			2,000	a distribution of the state of			O CONTRACTOR	1 0000000		
	_	×				Alteration (specify)	>	Accessory		
	_ .	×				ALLE TO THE TAXABLE PROPERTY OF TA	Accessory Building (specify)	Accessory Building		☐ Municipal Use
	_	× >				re)	Addition (Alteration (specific)	Addition /		
	_	< ×	ities) (ι food prep facilities)	or _ cooking &	leeping quarters,	Bunkhouse w/ (□ sanitary, or □	Bunkhous		
	,	< ×	, ,]		Ga		Τ	Commercial Use
***************************************	-	< >	-		шенешешешене	was and the state of the state	With (2) Deck			
***************************************	- -	< ×	-				with a Deck			
***************************************)	< ×	-				with (2 nd) Porch			
		1 1					with a Porch		ř	X Residential Use
SO4 F.	_	κ ×	ي م	Footper!			with Loft		ļ	•
20147	36)	××	(F) -			shack, etc.)	Residence (i.e. cabin, hunting shack, etc.)	Residence	X	
Footage	ons ,	Dimensions			Ö	Proposed Structure	3		٠, ٠,	Proposed Use
,	Height: (Į I	3	Width: 38	2	Length: 53	(If permit being applied for is relevant to it) tion:	ing applied for	(if permit be tion:	roposed Construction:
				-			- 1		1	
		contract)	Compost Toilet	Compost Toilet	None		□ Foundation	siness on	□ kun a Business on	
	Vaulted (min 200 gallon)	/aulted (mi		Privy (Pit) or			1	(existing bldg)	Relocate	<u> </u>
<u> </u>	The state of the s	Sanitary (Exists) Specify Type:	(Exists) Sp	1	3		1	š		300,000
_ Kwell	TANK	Specify Type:		⋉ (New) Sanitary	\$\frac{1}{2}	🕰 Year Round	☐ 1-Story + Loft	Addition/Alteration	☐ Addition/	,,,
☐ City			ıl/City	☐ Municipal/City	<u></u>	□ Seasonal	足 1-Story	struction	New Construction	
		Is on the property?	Is on the		bedrooms		and/or basement			donated time & material
Water	3	Type of Itary System	What Type Sewer/Sanitary	Se	# of	əsU	# of Stories	ect	Project	Value at Time of Completion are include
\$	morria	2 10	to.	rates	onderax					Non-Shoreland
78	6) aar		1	escontinue	H yes-			
□ Yes			horeline :	cture is from Shoreline:	Distance Structure	d or Flowage	翼 Is Property/Land within 1000 feet of Lake, Pond or Flowage	ty/Land within	🕱 ls Propert	š Shoreland —≽
Are Wetland Present?	Is Property in Floodplain Zone?		horeline :	cture is from Shoreline :	Distance Structure	am (incl. Intermittent)	☐ Is Property/Land within 300 feet of River, Stream (incl. Intermittent) Creek or Landward side of Floodplain? If yescontinue	☐ Is Property/Land within 300 feet of F Creek or Landward side of Floodplain?	☐ Is Properi Creek or La	
	Stil					84)	N, Range D & W	0) , Township	Section SC
	Acreage	IĐ	Lot Size			Town of:	<u></u>	<u> </u>	1	
		ision:	. Subdivision:	. Block(s) No.	Lot(s) No.	M Vol & Page W 1097 ~ <<	Lot Lotts CSM	Gov't Lot	1/4	Sw 1/4, N
\$S WOWNERSHIP	Volume 1047 Page(s) 55	e 1027		0004-500	29-1 OS-	04-010-2-51-06-29-1 05-003-40000	(Use Tax Statement) 04- 5		Legal Description:	PROJECT LOCATION
□ No	X Yes	5 784	7 5	5 washbu	25 x08 00	10300	715	***************************************	{	leo Ketchiu
horization:	Written Authorization):	y/State/Zip)	Agent Mailing Address (include City/State/Zip):	gent Mailing Ad	Phone:		ilication on behalf	son Signing App	uthorized Agent: {Person Signing Application on behalf of Owner(s)}
Plumber Phone: 715-3フ3-&}7 <i>8</i>	Plumber Phone:			in in	Plumber:	ctor Phone: ー入の9-0 300	Contra 7/S	2	J Bildes	Cake Effect
	Cell Phone:			44	3848	Herbster, WI	t City/s		+ Romans	hiddress of Property: 89630 East
OLL I	20.00	0 60	E055 N	Elko MN		26870 Chowerave		Kemnitz	V 2050	Randy & S
1. 50000	Telephone:	8	1000	City/State/Zip:	City/		Ĺ	. 200) ()wner's Name:
	BOA DTHER		ביושו וולב	□ CONDITIONAL LISE □ SPECIAL LISE	ANCHIONO	ΣΑΝΙΤΔRY Π ΡRIVY Π	ו	N I AND I KE	T-CITY I	VPF OF PERMIT REQUESTED.

(If there are Multiple Owners are signi listed on the Deed AII Owners must sign or letter(s) of authorization must accompany this application) Rox 55 1 Washburn __ 00 0 application) Date 0

Authorized Agent:

Address to send permit

Owner(s):

Please complete (1) - (7) above (prior to continuing)

(8) Setbacks: (measured to the closest point)

Changes in plans must be approved by the Planning & Zoning Dept.

Description	Measurement	7	Description	Measurement
) }	!		
Setback from the Established Dight of Way	7 % 60	Fact C	Sethack from the River Stream Creek	- Fact
Setback from the Established Right-of-Way	ري د د	1994	SetDack from the kiver, Stream, Creek	reet
		54,000min	Setback from the Bank or Bluff	75 Feet
Setback from the North Lot Line	as	Feet		
Setback from the South Lot Line	70	Feet	Setback from Wetland	Feet
Setback from the West Lot Line	25E	Feet	20% Slope Area on property	☐ Yes
Setback from the East Lot Line	75	Feet	Elevation of Floodplain	- Feet
Setback to Septic Tank or Holding Tank	- 51	Feet	Setback to Well	65 Feet
Setback to Drain Field	J	Feet		
Setback to Privy (Portable, Composting)	1	Feet		
Drive to the absorption of a natural condition of the part of the				_

other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be set by a licensed surveyor at the owner's expense.

Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DE), Holding Tank (HT), Privy (P), and Well (W)

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.
For The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.
The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only) Sanitary Number:	15 15 N	# of bedrooms: 3 Sanitary Date: 9 20 1/
Permit Denied (Date): Reason for Denial		
Permit #: 1/6-03/9 Permit Date:	ate: 9:30-116	15% jun 65%
Is Parcel a Sub-Standard Lot	Mitigation Required Yes No Mitigation Attached Yes	No Affidavit Required
Granted by Variance (B.O.A.) ○ Yes	Previously Granted by Variance (B.O.A.)	(B.O.A.) Gase #:
Was Parcel Legally Created □ Yes □ No □ No □ Yes □ Ye	Were Property Lines Represented by Owner Was Property Surveyed	Represented by Owner
inspection Record: Doing Courses though from previous on site Zoning District (R. determinent on marking Setwell Still world on site Zoning District (R.	twee steens on	Set Zoning District (R.)) Market Classification (1. Salua)
Date of Inspection: イーイン Inspected	Inspected by (workborg - 1) unply	Date of Re-Inspection:
rd Conditions Attack THE THE	es no til No they need to be attached to the A	REKY IN BUTT.
Signature of Inspector:		Date of Approval:
Hold For Sanitary: Hold For BA:	Hold For Affidavit: ☐ Hold For Fees: ☐	ees:

